Alberta Health Facilities Review Committee

Annual Report 2009 – 2010

April 1, 2009 to March 31, 2010

1

TABLE OF CONTENTS

Chair's Letter to the Minister of Health and Wellness 2

Members of the Committee 2009-2010 3

Health Facilities Review Committee 4

Routine Reviews 5

Trends 6

Complaint Investigations 7

Summary of Complaints 9

Nature of Complaints Received 11

The Complaints Process 12

Acute Care 14

Long-Term Care 15

Year in Review 17

Expenditures 18

LETTER TO THE MINISTER OF HEALTH AND WELLNESS

August 2010

The Honourable Gene Zwozdesky
Minister of Health and Wellness
208 Legislature Building
Edmonton, Alberta
T5K 2B6

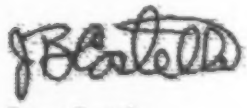
Dear Minister Zwozdesky:

It is my pleasure to present the Annual Report of the Alberta Health Facilities Review Committee in accordance with section 16(1) of the *Health Facilities Review Committee Act*. This report summarizes activities for the April 1, 2009 to March 31, 2010 fiscal period.

On behalf of the Committee, I would like to thank Mrs. Barbara Hay, Mrs. Linda MacKay, Mrs. Glenna Bell and Mr. Noel McBride for their service to the Committee.

I would like to acknowledge and express my appreciation to all Committee members and staff for their extensive work and dedication, and to all staff at the facilities that were reviewed.

Respectfully submitted,



Barry Costello
Chair

3

MEMBERS OF THE COMMITTEE 2009 – 2010

Front Row: Ada Rawlins (Member), Linda MacKay (Member), Mary Rudko (Editor/Writer) Barbara Hay (Member), Dorothy Patry (Member), Glenna Bell (Member)

Back Row: Irene Sinclair (Administrative Assistant), Velda Fulford (Vice-Chair), Coreen Thacker (Member), Noel McBride (Member), Barry Costello (Chair), Cliff Storvold (Member), Karen Froberg (Executive Director), Elsie Kinsey (Member)

HEALTH FACILITIES REVIEW COMMITTEE

Who We Are

The Health Facilities Review Committee was established in 1973. The Committee is an active participant in Alberta's health care system as it reviews the provision of services and the delivery of programs in health care facilities.

The Committee consists of eleven private citizens who possess varied backgrounds, expertise and work experience. The private citizens on the Committee reside in urban and rural communities throughout Alberta. They serve on the Committee on a part-time basis and are not employees of the provincial government.

Mission

The mission of the Health Facilities Review Committee is to assist in maintaining quality care, treatment and standards of accommodation in health care facilities throughout Alberta.

The Committee provides the people of Alberta with a group of citizens to whom they may address their concerns relating to health care facilities in the province. The Committee acknowledges the importance of preserving the dignity and confidentiality of the individuals within the facilities it reviews.

The Committee's responsibilities involve conducting routine reviews of health care facilities, investigating complaints made by or on behalf of patients, and following up on referrals from the Minister, as set out in the *Health Facilities Review Committee Act.*

What We Do

The Committee's main activities include unannounced routine reviews of facilities, complaint investigations and regular committee meetings.

The Committee also maintains ongoing communication with key stakeholder groups including Alberta Health and Wellness, Alberta Health Services, Alberta Seniors and Community Supports, health care associations, professional associations, operators and owners of health care facilities, patients, residents and families.

The scope of activities and jurisdiction of the Committee are established by the *Health Facilities Review Committee Act.*

Overview

The Health Facilities Review Committee's objective is to monitor and promote high standards of care and a good quality of life for patients and residents in Alberta's acute care, long-term care, mental health, special care and cancer centres.

The Committee believes that the highest level of care is delivered when all persons working in a facility cooperate and focus their energy on the patients or residents.

The Committee believes in communication and cooperation that balance consumer choice and responsibility with the resources of health care providers. The Committee encourages discussion about operations and service within Alberta's health care facilities.

5

ROUTINE REVIEWS

A major part of the Committee's work involves unannounced reviews of health care facilities. The Committee's mandate is focused on patient/resident care and treatment, and does not extend to technical and specialized areas such as operating room procedures or laboratory processes, for example. All facilities within the Committee's scope of responsibility are subject to routine review at any time. The Committee is currently responsible for reviewing approximately 232 facilities across the province.

When conducting routine reviews, Committee members work in teams of two or more, depending on the size of the facility. At the beginning of each review, the team meets with a senior management representative to outline the nature of the review and to gather general information about the facility. Following this initial meeting, team members conduct the remainder of the review independently. Patients, residents, family members, visitors, staff and volunteers are interviewed at random to gather their impressions of the care, services and programs provided at the facility.

To assure uniformity of reviews, guidelines have been developed to provide Committee members with direction and resources.

During a review, members encourage open and frank discussion concerning the facility's operations. At the conclusion of the review, members provide a verbal summary of their findings to the facility management. Areas of identified concern are discussed candidly.

Members prepare a written report, which the Committee as a whole approves before it is finalized. The report is sent to Alberta Health Services, the administrator of the facility, and the Minister of Health and Wellness.

When a facility is privately owned or operated, the Committee provides a joint letter to Alberta Health Services and to the owner/operator of the non-profit or private organization.

Reports address areas such as patient/resident care and satisfaction, medication administration, staff attitudes and morale, rehabilitation and recreational programs, dietary services, safety/security, overall environment or atmosphere, and general physical condition of the facility. Members make note of both positive and negative observations.

The report may include suggestions and/or recommendations for change if concerns are identified. Alberta Health Services and/or the owner/operator are asked to respond to the recommendations within three months, identifying actions taken to address any recommendations and the results either expected or achieved.

The Committee may also conduct a follow-up review of a facility to monitor progress on resolving concerns and implementing recommendations.

Routine Reviews Conducted

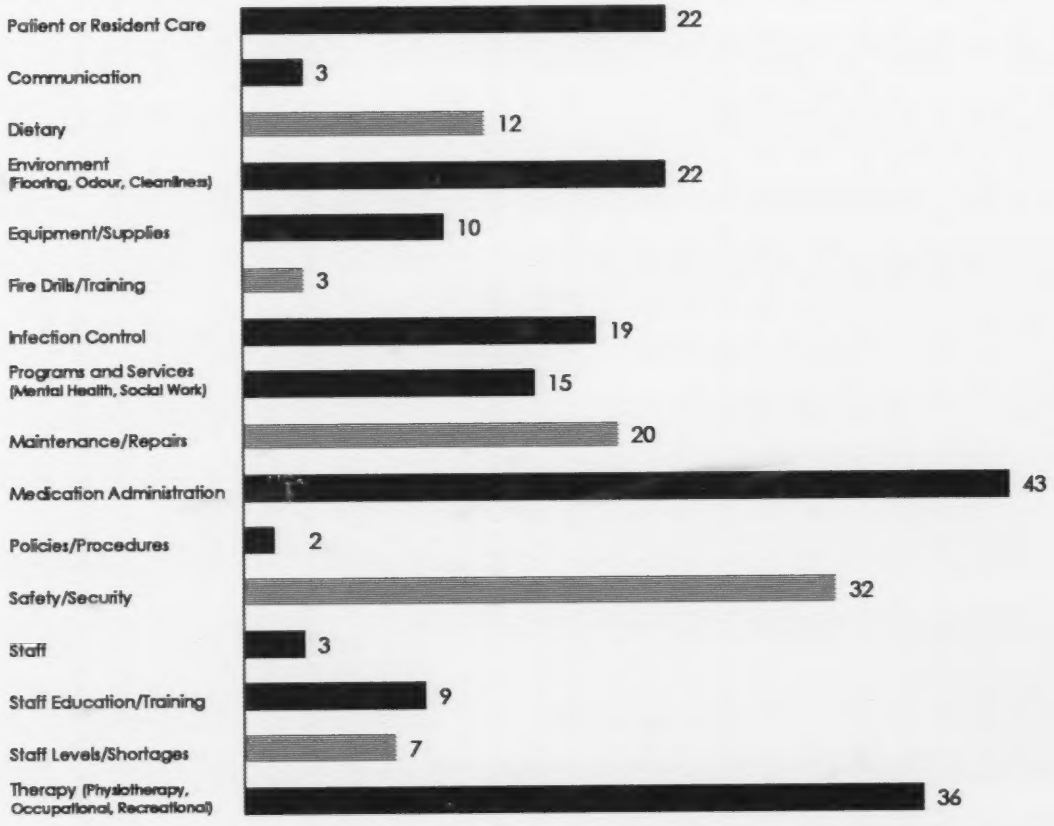
Between April 1, 2009 and March 31, 2010:

Acute Care Hospitals (34)	14
Long-Term Care Facilities (111)	47
Acute/Long-Term Care Combined (68)	18
Mental Health Hospitals (2)	1
Special Care Centres (1)	0
Cancer Centres (16)	8
Total (232 Facilities)	88

Note: The numbers in parenthesis reflect the total number of facilities in that category.

TRENDS

Nature of recommendations made as a result of routine reviews conducted between April 1, 2009 and March 31, 2010



7

COMPLAINT INVESTIGATIONS

Complaint investigations and resolution are part of the Committee's responsibilities.

What Kinds of Complaints are Filed?

The Committee investigates complaints made by or on behalf of specific patients or residents in a health care facility.

Complaints may be filed about any aspect of patient/resident care, safety or satisfaction.

Complaints can result from poor communication between patients and/or residents, family members and facility staff.

Problem Resolution

The Committee operates on the principle that open communication is the best tool for resolving conflicts. It is important to help parties understand the nature of a problem and expectations or limitations that may affect resolution. Once there is a clear understanding of issues and viewpoints, the shared task of problem resolution becomes possible. When a problem is resolved, complainants and facilities gain confidence in addressing and resolving future concerns together.

Problem resolution is a shared responsibility between facility users and providers. The Committee encourages all parties involved in a conflict situation to assume joint responsibility for solving a problem. Thus in all cases, complainants are encouraged to attempt resolution by directly contacting staff and/or management at the facility.

How are complaints filed?

Persons initiating a complaint may contact the Committee by calling, writing, or by personally visiting the office. All complainants must complete and sign a complaint form.

In order to carry out a thorough investigation, the Committee also requires that the patient or resident, or their legal representative, sign an Authorization to Disclose Health Information form, which enables members to discuss their care with staff at the facility and review the patient's or resident's health record.

"Once again, we thank you for your visit and comprehensive report, which helps us to continue to provide the highest standard of care ..."

COMPLAINT INVESTIGATIONS

Upon receipt of the completed forms, the complainant's concerns are reviewed and a decision is made as to whether the concerns are within the Committee's legislated mandate.

If the complaint is outside the Committee's jurisdiction, the complainant is referred to the appropriate authority. For example, the Health Facilities Review Committee cannot investigate complaints about physician conduct or medical decisions, or about the conduct of professionals, such as nurses, who are regulated through legislation by their own professional associations. Persons registering these types of complaints are referred to the relevant organization. Complaints relating specifically to abuse are referred to Protection for Persons in Care.

In the case of anonymous complaints or when Complaint/Authorization to Disclose Health Information forms are not signed and returned, the Committee will review the concern(s) when conducting the next routine review at the facility.

Investigation Process

If the complaint is determined to fall within the Committee's jurisdiction, Committee members are assigned to an investigation. The investigating team members begin by contacting the parties involved.

The investigating team uses a variety of means to conduct its investigation, including interviews, observation of premises and review of pertinent documents and health information

An investigation can result in recommendations being made to the facility. These recommendations are made with the intention of increasing the welfare and comfort of patients and residents.

A copy of the investigation report is sent to the complainant, Alberta Health Services, to the administration of the facility, and the Minister of Health and Wellness. When a facility is privately owned or operated, the Committee provides a joint letter to Alberta Health Services and to the owner/operator of the non-profit or private organization.

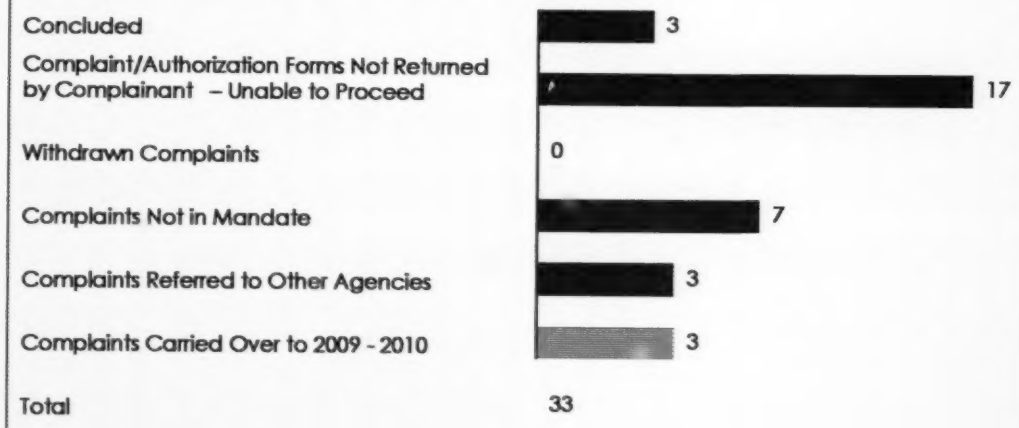
Types of Facilities in the Committee's Mandate

The Committee investigates complaints at facilities defined under section (1) of the *Health Facilities Review Committee Act*, which includes:

- acute care hospitals
- long-term care facilities
- mental health hospitals
- special care centres
- cancer centres

SUMMARY OF COMPLAINTS

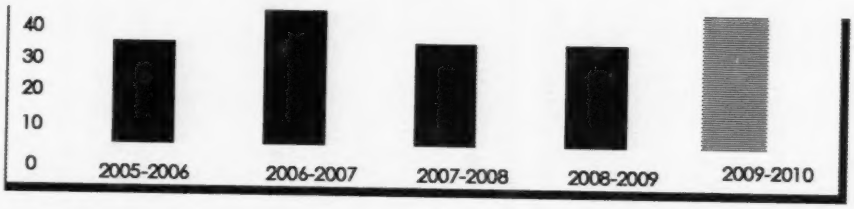
Complaints received April 1, 2009 to March 31, 2010

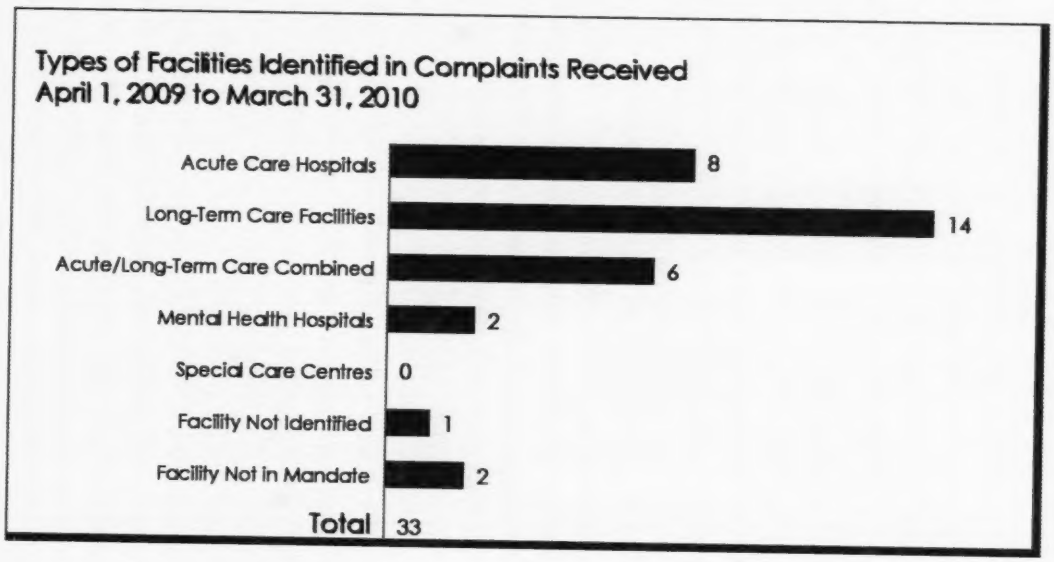


Complaint Files Carried Over from Previous Years

Concluded in 2009 – 2010: 3

SUMMARY OF COMPLAINTS

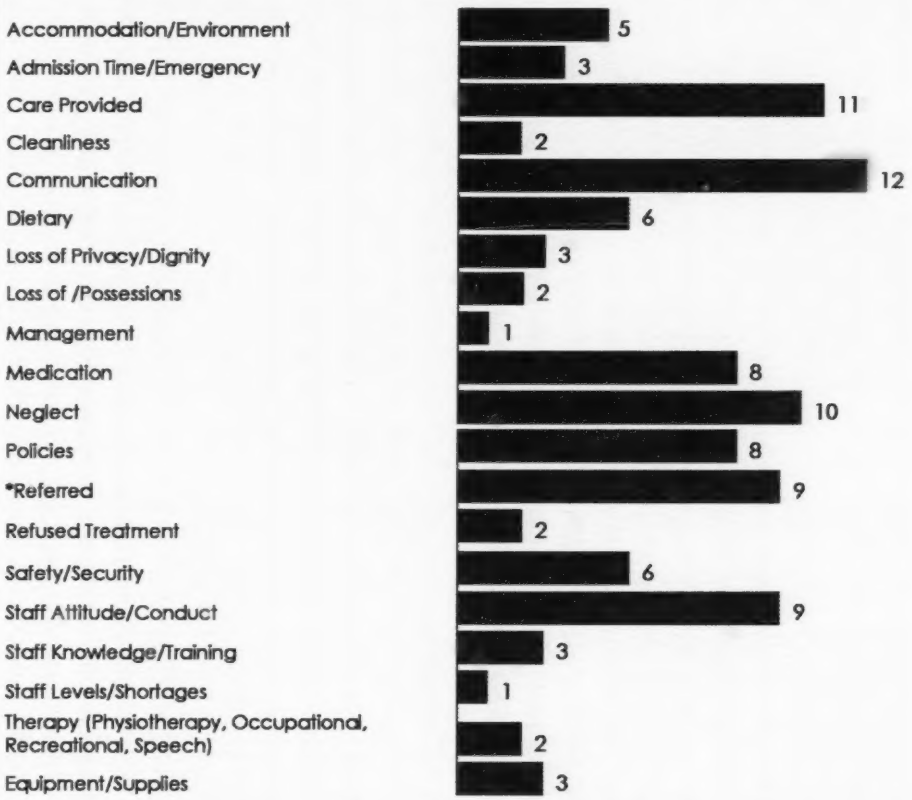




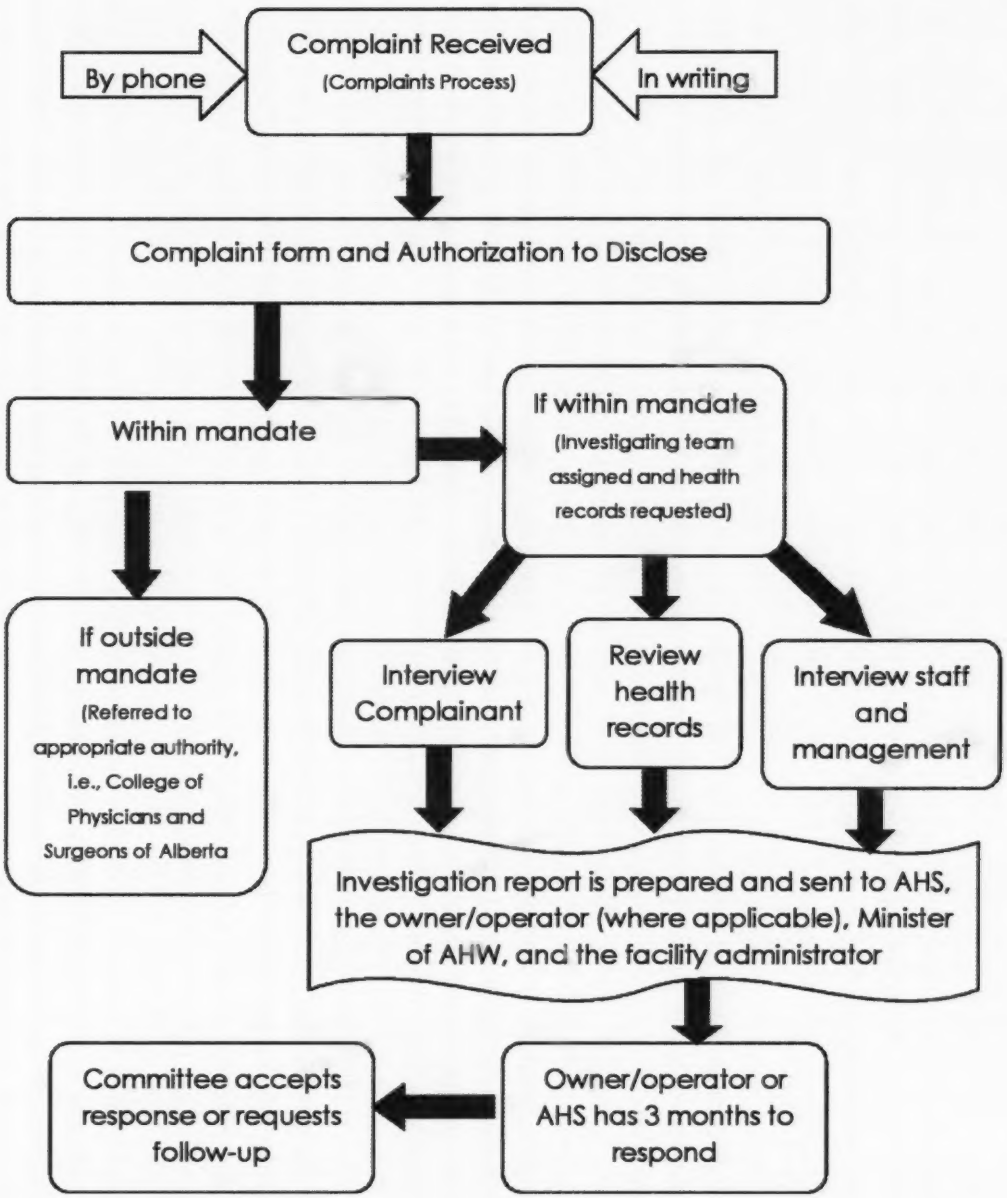
NATURE OF COMPLAINTS RECEIVED

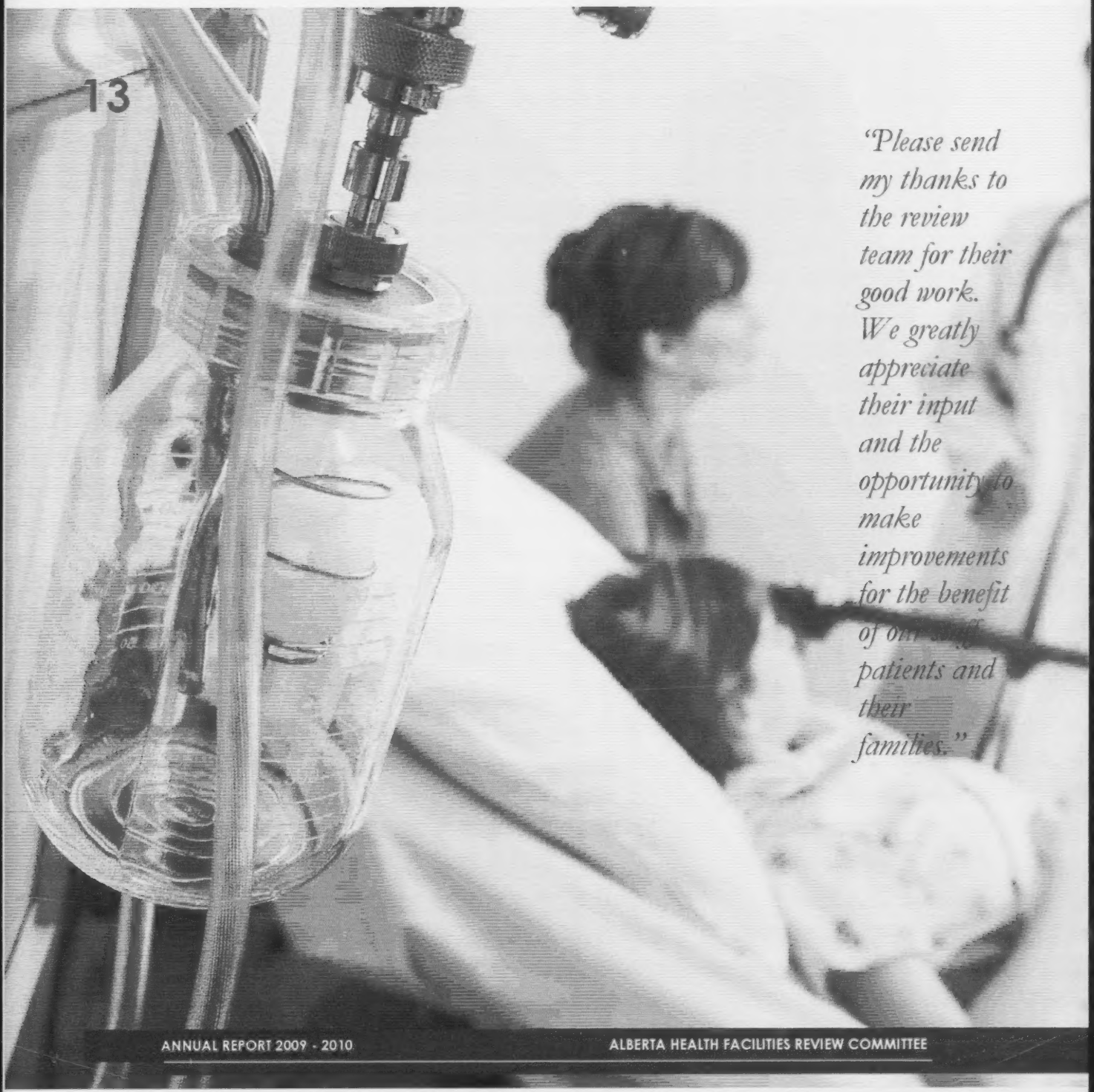
Nature of Complaints Received - April 1, 2009 to March 31, 2010

Note: Complaints may involve one or more of the elements listed below.



*College of Physicians and Surgeons of Alberta, College and Association of Registered Nurses of Alberta, Protection for Persons in Care, Alberta Health Services, Mental Health Patient Advocate, Alberta Seniors and Community Supports


By phone
Complaint Received
(Complaints Process)
In writing
Complaint form and Authorization to Disclose
Within mandate
If within mandate
(Investigating team assigned and health records requested)
If outside mandate
(Referred to appropriate authority, i.e., College of Physicians and Surgeons of Alberta
Interview Complainant
Review health records
Interview staff and management
Investigation report is prepared and sent to AHS, the owner/operator (where applicable), Minister of AHW, and the facility administrator
Owner/operator or AHS has 3 months to respond
Committee accepts response or requests follow-up



"Please send my thanks to the review team for their good work. We greatly appreciate their input and the opportunity to make improvements for the benefit of our staff, patients and their families."

ACUTE CARE

The Health Facilities Review Committee noted that the focus of acute care continues to be on allocation and coordination of services within health care centres and communities. To enhance the efficiency and effectiveness of health care services, innovative programs and initiatives have been developed.

Observations

- Patients' average length of hospital stay continues to decrease.
- The number of patients in acute care beds awaiting long-term care or supportive living placement continues to grow.
- The use of 'over-capacity' beds in larger facilities is becoming more common.
- There is an increasing demand for outpatient and ambulatory care services, clinics and outreach programs.
- Patients and family members are encouraged to take more responsibility and participate in patient care.

Patients' Expectations

When talking with patients and families, Committee members hear that people expect:

- Early response and assessment of health care needs, minimal waiting lists and waiting times.
- Professional and support staff to be qualified, knowledgeable and available.
- Support services to be available if needed following discharge from hospital.
- The opportunity to be consulted and informed about care, treatment, conditions and prognosis.
- Respect for their privacy and dignity.
- Caregivers to be kind, attentive, friendly and resourceful.
- Encouragement toward goals of recovery, discharge and independence.
- The hospital environment to be comfortable, clean and safe.

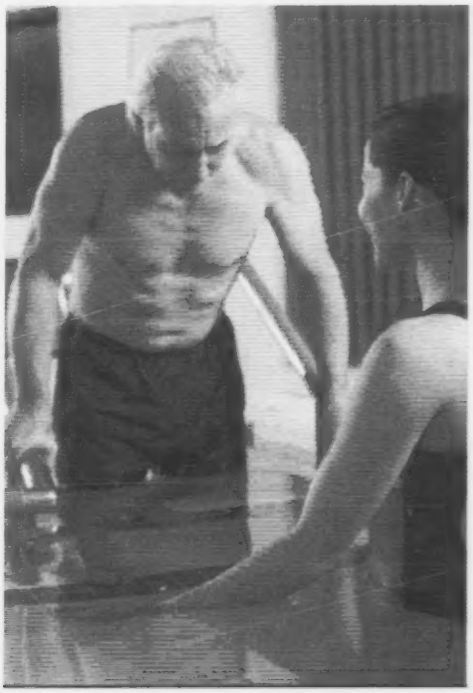
We Support

The Health Facilities Review Committee supports initiatives that enhance quality of care and delivery of services.

We encourage

- Patient-focused care.
- Open communication and information sharing.
- Effective interdisciplinary planning and coordination of services to meet patients' needs.
- Patient and/or family involvement in decisions regarding the care plan.
- Ongoing evaluation of patient satisfaction and patient, family and community needs and expectations.

15 LONG-TERM CARE



In Alberta, there is a gradual shift to more individual and community health care that provides alternatives to long duration institutional care.

The Health Facilities Review Committee recognizes two significant challenges facing health care providers in long-term care:

- Responding to the changing needs, demands and expectations of residents, families and communities.
- Providing care and services more efficiently and effectively within available resources.

Observations

- Cognitive support units are providing a quiet secure environment for residents with cognitive impairment or special behavioural needs. The benefits are being realized and appreciated by residents, families and caregivers.
- Day programs provide individuals living at home with access to rehabilitation and socialization programs.
- Respite care programs are giving assistance and support to families who assume responsibility for caring for their loved one at home.
- Palliative care programs are effective in providing physical, spiritual and psychological comfort to terminally ill residents and their loved ones.
- Resident and family support programs provide opportunities for individuals to share experiences and receive support.
- The increasing importance of volunteers to enrich the services and programming available within facilities is being realized.
- The importance of family involvement in institutional care is being recognized. The challenge continues to be to enhance the role of families and encourage family support.

LONG-TERM CARE

Residents' Expectations

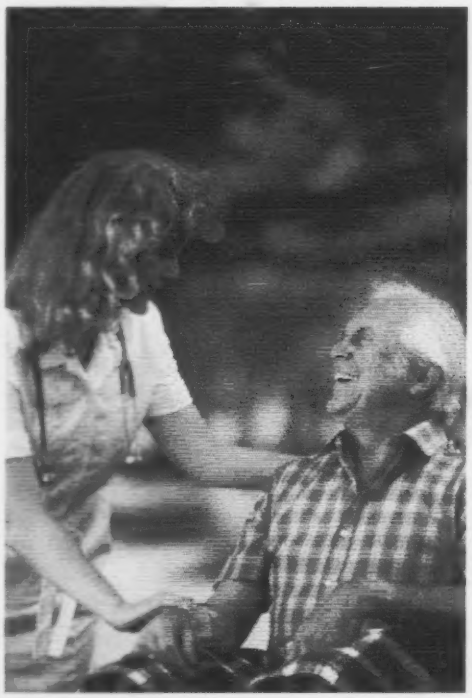
Feedback from residents, families and friends indicates several factors that contribute to residents' sense of well-being and satisfaction.

- To be treated and cared for with consideration, respect and full recognition of dignity and individuality.
- To be fully informed of policies, services and related costs before or at the time of admission and during the resident's stay.
- To be fully informed of their care and treatment plans, prognosis and choices.
- To be encouraged and assisted in expressing individual likes and dislikes and in voicing concerns, without fear of repercussion.
- To be comfortable and safe, free from abuse and unnecessary physical and chemical restraints.
- To be involved in life enrichment and support programs.
- To be allowed privacy and adequate personal space.
- To have access to companionship of friends and family.
- To have access to rehabilitation, recreation, social activities, transportation and community involvement.
- To have opportunities to make choices and participate in decision-making and to be reassured their choices will be respected.
- To be reassured of continuing availability of care and appropriate response by care providers to their needs and concerns.

We Support

The Health Facilities Review Committee supports resident-focused initiatives and programs that provide:

- Individualized care.
- A combination of health care and life enrichment services in a home-like atmosphere.
- Holistic care that recognizes the importance of residents' social, intellectual, emotional, spiritual, and physical needs.



YEAR IN REVIEW

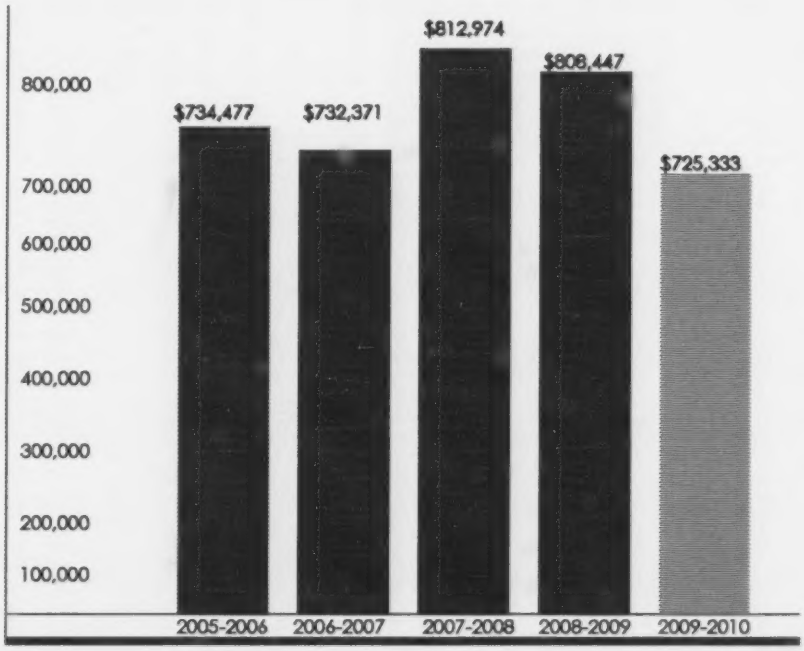
During the 2009-2010 fiscal year, the event with the biggest impact on the work of the Committee was the H1N1 pandemic. In light of the province-wide efforts to prevent the spread of influenza, the Committee made the decision to temporarily defer all activity. As such, reviews of health care facilities and complaint investigations were suspended for the months of November and December.

This suspension of activity had an impact on the Committee's work. In the 2009-2010 fiscal year, 88 routine reviews of facilities throughout the province were completed and nine complaint investigations were conducted, three of which were carried over to the 2010-2011 fiscal year.

To keep current and informed, the Committee invited several guests to join their meetings and provide relevant information. The Mental Health Patient Advocate, the Chief Fire Administrator from Municipal Affairs, and representatives from Nutrition and Food Services, Alberta Health Services, were among the guests who attended.

A new brochure and poster were produced and mailed to all facilities to be displayed and provided to patients and residents.

EXPENDITURES
APRIL 1, 2009 TO MARCH 31, 2010



"As always, we appreciate the time and effort of the Health Facilities Review Committee and its members in bringing forward feedback from the routine visits that is intended to improve the quality of care to our residents. In closing, we wish to convey our continued commitment to providing the residents with a safe, respectful and caring environment."

For Further Information

For additional copies of this document or further information about the Health Facilities Review Committee, contact:

Health Facilities Review Committee
590 First Edmonton Place
10665 Jasper Avenue NW
Edmonton AB T5J 3S9

Telephone: (780) 427-4924
Fax: (780) 427-0806

Website: www.health.alberta.ca/about/hfrc.html

The Committee's office can be contacted toll-free from anywhere in Alberta by dialling the Government of Alberta RITE operator at 310-0000 or by calling collect. Members of the public are encouraged to call, write to the Committee, or visit the office.

Health Facilities Review Committee Act

Copies of the *Health Facilities Review Committee Act* are available from:

Alberta Queen's Printer Bookstore
Main Floor, Park Plaza
10611 - 98 Avenue
Edmonton AB T5K 2P7
Telephone: (780) 427-4952
Fax: (780) 452-0668
E-mail: qp@gov.ab.ca
Website: www.gov.ab.ca

ISSN 0713-1887 (Print)
ISSN 1710-1557 (Online)

Government of Alberta ■
Health and Wellness